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THE URBAN DISTRICT COUNCIL OF SKIPTON



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1954

BY
M. Hunter, M.B.E., M.D., D.P.H.

The Urban District Council of Skipton

A N N U A L R E P O R T

of the

M E D I C A L O F F I C E R O F H E A L T H

for the year

1954

by

M. HUNTER, M.B.E., M.D., D.P.H.

HEALTH COMMITTEE

The Chairman of the Council
(ex-officio)

Councillor E. Moorhouse, J.P.

Chairman

Councillor Mrs. M. Mitchell

Vice Chairman

" A. Walker

" W.A. Anderson

" Mrs. M.P. Banks

" H. Grinnell

" E.P. Rowley

" E. Spencer

Staff of the Department

Medical Officer of Health and
Divisional Medical Officer

M. Hunter, M.B.E., M.D., D.P.H.,

Chief Sanitary Inspector

E. Hargreaves, A.R.S.I., M.S.I.A.,

Additional Sanitary Inspector

A.F.G. Holmes, M.S.I.A.,

Pupils

D.M. Pickles

H.H. Crabtree

Clerk

Miss. M. Ashworth

Divisional Health Office,

19a, High Street,

SKIPTON

To: the Chairman and Members of the
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your information my Annual Report for the year 1954, this being the seventh report I have submitted to the Council. Included as an appendix is a report on the Local Health Authority's services in the West Riding County Council's No.1. Health Division which covers the urban districts of Silsden, Earby, Barnoldswick and Skipton, and the Skipton Rural District.

The Report deals mainly with environmental hygiene, as it has done for many years. And, whilst the safety of water and food supplies, the control of infectious disease, housing, and schemes of drainage and sanitation retain their importance, the Appendix shows how greatly the scope of our work has widened in recent times. The emphasis now being placed on social medicine and the health and well being of the community as a whole is indicative of the change in outlook which has occurred.

I would like to thank the Chairman and Members of the Health Committee for their interest and assistance, and to record my appreciation of the loyal work of the Staff of the Department.

I am,
Your obedient Servant,

M. HUNTER.

Medical Officer of Health.

SECTION A - STATISTICS AND SOCIAL CONDITIONS.

Area of the Urban District (acres)	4,211
Estimated population	13,100
Population at 1951 census	13,210
Number of inhabited houses (estimated)	4,482
Rateable Value for General Rate	£94,320. 0. 0.
Sum represented by a Penny Rate	£374. 13. 6.

BIRTHS

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Live, legitimate	181	103	78
illegitimate	3	1	2
Total:	<u>184</u>	<u>104</u>	<u>80</u>
Still, legitimate	4	2	2
illegitimate	-	-	-
Total:	<u>4</u>	<u>2</u>	<u>2</u>
Total Births:	<u>188</u>	<u>106</u>	<u>82</u>

BIRTH RATES

Live Births (per 1,000 estimated population)	14.04
Still Births (per 1,000 live and still births)	21.27

DEATH RATES

(crude)

(per 1,000 estimated population)

All causes	20.07
Tuberculosis of Respiratory System07
Other forms of tuberculosis	-
Respiratory Diseases	1.98
Cancer	3.05
Heart and Circulatory Disease	8.32

Death Rate of Infants under one year of age.

All infants (per 1,000 live births)	21
--	----

Maternal Mortality

Rates per 1,000 Total (Live and Still) Births	-
---	---

DEATH

Cause of Death

Disease	Males	Females	Total
Tuberculosis Respiratory	-	1	1
Tuberculosis Other	-	-	-
Syphilitic Diseases	1	-	1
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Malignant Neoplasm, stomach	5	4	9
Malignant Neoplasm, lung, bronchus	6	1	7
Malignant Neoplasm, breast	-	2	2
Malignant Neoplasm, uterus	-	4	4
Other malignant and lymphatic Neoplasms	13	3	16
Leukaemia, aleukaemia	1	1	2
Diabetes	-	1	1
Vascular lesions of nervous system	25	29	54
Coronary disease, angina	23	12	35
Hypertension with heart disease	1	6	7
Other heart diseases	27	32	59
Other Circulatory diseases	4	4	8
Influenza	-	-	-
Pneumonia	3	10	13
Bronchitis	11	1	12
Other diseases of respiratory system	1	-	1
Ulcer of stomach and duodenum	3	1	4
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and Nephrosis	4	1	5
Hyperplasia of prostate	-	-	-
Pregnancy, Childbirth, Abortion	-	-	-
Congenital malformations	1	1	2
Other defined and ill-defined diseases	2	9	11
Motor vehicle accidents	-	-	-
All other accidents	3	5	8
Suicide	1	-	1
Homicide and operations of War	-	-	-
All causes	135	128	263

COMMENTARY ON VITAL STATISTICS

BIRTHS:

The birth rate of 14.0 is the same as that of the preceding year, but is slightly below that of 15.2 for England and Wales. The rates for the urban district for the preceding five years were 14.2, 14.2, 14.6, 12.8 and 16.7.

DEATHS:

The death rate of 20.1 is higher than that of 19.6 for last year, and is practically double the rate of 11.3 for England and Wales. This increase is, of course, due to the alteration in statistical methods whereby all deaths in Raikeswood Hospital are now attributed to the Skipton urban district.

INFANTILE MORTALITY:

A rate of 21 shows no change from the preceding year, and compares very favourably with a rate of 25 for England and Wales. The still birth rate of 21.2 shows a decrease on last year's rate of 26.2 and is a little below the rate of 24.0 for the country as a whole.

MATERNAL MORTALITY:

There were again no deaths attributable to pregnancy, childbirth, or the puerperium.

SECTION B

PROVISION OF HEALTH SERVICES FOR THE AREA

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and are described in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation, and the school health service.

2. LABORATORY SERVICES:

There has been no change in the arrangements whereby the Medical Research Council's laboratories at Wakefield and Bradford provide a service for the examination of water, milk, ice-cream and a variety of pathological specimens. This is an excellent service, and the co-operation received of a high order.

3. HOSPITAL SERVICES:

Hospital organisation is no longer a local matter, and the services available to this area are provided by the Leeds and Manchester Regional Hospital Boards. The appropriate Hospital Management Committees are responsible for day to day administration, but are in nearly all respects subordinate to the Hospital Boards.

Essential details of the hospitals within or adjacent to the Divisional area are given in table form. The average cost per patient per week is also given in some instances, in the belief that these figures may be of interest to those who read this report. For, it is the ever increasing cost of hospital treatment, which is placing such a heavy financial burden on the National Health Service. (Table on next page.).

It should, however, be appreciated that many patients go direct to hospitals in Leeds, Bradford and elsewhere, in particular, those suffering from conditions in which treatment facilities are concentrated on a regional basis eg. neuro-surgical, genito urinary, plastic surgery etc.

There has been no difficulty in securing accommodation for maternity patients, or cases of infectious disease. Accommodation for the long term sick, particularly females, is often difficult to find in the winter months, but there is promise of developments which should lead to improved use of the available beds. In the meantime, the Health Department continues to supply information to assist in deciding the priority for admission. The smaller hospitals continue to be handicapped by difficulties associated with the availability of nurses and resident doctors, and to a lesser degree, domestic staff.

4. BLIND PERSONS:

There are 34 blind persons in the district. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist. The increasing proportion of old people is producing an increase in the incidence of blindness, much of it being due to cataract and glaucoma, which is in some measure preventable by earlier diagnosis and treatment.

Situation	Name	Purpose	Beds	Cost Per week £. s. d.
Burley-in-Wharfedale	Scalebor Park	Mental		
Burnley	Victoria	Illness	323	
Burnley	Hospital	General	168	
Burnley	General	General	656	
Burnley	Hospital	General	656	
Burnley	Marsden	Infectious		
Burnley	Hospital	Disease	100	
Burnley	Bank Hall			
Colne	Maternity	Maternity	51	
Grassington	Hospital	Maternity	16	
Grassington	Christiana			
Grassington	Hartley			
Grassington	Grassington			
Grassington	Hospital	Chest		
Ilkley	Middleton	Diseases	184	9. 5. 5.
Ilkley	Hospital	-do-	376	8. 18. 5.
Ilkley	St. Winifreds			
Ilkley	Hospital	Maternity	12	
Keighley	Victoria			
Keighley	Hospital	General	143	16. 2. 2.
Keighley	St. John's			
Keighley	Hospital	Long term		
Keighley		sick	258	8. 0. 2.
Keighley		Maternity	34	
Keighley	Morton Banks			
Keighley	Hospital	Infectious		
Keighley		Disease	72	19. 4. 5.
Menston	Menston			
Menston	Hospital	Mental		
Menston		Illness	2,540	
Skipton	Skipton General			
Skipton	Hospital	General	64	15. 7. 3.
Skipton	Raikeswood			
Skipton	Hospital	Long term		
Skipton		Sick	182	7. 1. 0.
Skipton	Cawder Ghyll			
Skipton	Hospital	Maternity	18	20. 7. 6.
Settle	Castlebergh			
Settle	Hospital	Mental		
Settle		Deficiency	169	4. 11. 6.

5. WATER SUPPLIES:

Mr. Robinson, the Engineer and Surveyor has kindly supplied the following information:-

1. The supply has been satisfactory throughout the area in quality.
The supply has been satisfactory throughout the area in quantity.
2. The results of bacteriological examinations of samples taken by the Senior Sanitary Inspector are detailed below. Results of samples taken for plumbo solvency and for chemical analyses are also given.
3. Although the raw water might under certain conditions be plumbo solvent the chemical treatment at Embsay prevents the supply to the town having this effect.
4. No action has been necessary in respect of any form of contamination.
5. Number of dwelling-houses in the Skipton Urban district 4,482.
Population in the Skipton Urban District 13,100
No houses are supplied by means of stand pipes.

A bulk agreement is in operation with the Skipton Rural District Council to supply Embsay village, Halton East and Draughton.

PLUMBO SOLVENCY SAMPLES

Date		Approximate length of lead service pipe.	Lead content grains per gallon	pH Value
10.3.54	After standing in pipe all night	20' +	Nil	6.8
"	After standing in pipe for a measured period of $\frac{1}{2}$ hour	20' +	Nil	6.8
28.9.54	After standing in pipe all night	20' +	Nil	6.8
	After standing in pipe for a measured period of $\frac{1}{2}$ hour	20' +	Nil	6.8

BACTERIOLOGICAL EXAMINATIONS

Town's Water

Date	Number of Samples	Mean probable number Bact. coli per 100 ml.	Probable number of faecal coli
		<u>Unfiltered</u>	
4.1.54	1	11	2
30.11.54	1	14	11
		<u>Filtered & Chlorinated</u>	
4.1.54	1	0	-
4.2.54	3	0	-
4.3.54	2	0	-
4.5.54	1	0	-
30.6.54	2	0	-
29.7.54	1	0	-
11.8.54	2	0	-
16.8.54	1	0	-
7.10.54	2	0	-
23.11.54	4	0	-
30.11.54	1	0	-

CHEMICAL ANALYSES

- (1) Unfiltered water from entrance to Filter House.
- (2) Treated water 30 yds. from Filter House on Town main.
- (3) Treated water from house tap. 104, Broughton Road.

Parts per million	(1)	(2)	(3)
Total Solids	90	100	100
Chloride	13	13	13
Sulphate	30	32	32
Carbonate	5	7	8
Calcium	6	8	8
Magnesium	2	2	2
Sodium	15	16	16

(continued)

Chemical Analyses
(continued)

<u>Parts per million</u>	(1)	(2)	(3)
Total Hardness.....	25	30	30
Temporary Hardness.....	8	12	14
Permanent Hardness.....	17	18	16
Hardness due to Calcium.....	16	20	20
Hardness due to Magnesium.....	9	10	10
Total Alkalinity.....	8	12	14
Free Ammonia.....	0.01	0.01	0.01
Albuminoid Ammonia.....	0.01	0.01	0.01
Nitrous Nitrogen.....	Nil	Nil	Nil
Nitric Nitrogen.....	0.08	0.11	0.07
Lead, Copper, Zinc.....	Nil	Nil	Nil
Iron.....	0.18	0.08	0.16
Free Chlorine.....	...	0.20	Nil
pH.....	6.4	7.0	6.8
Total Carbon Dioxide.....	7	7	7
Semi-Combined CO ₂	4	5	5
Free CO ₂	3	2	2

These waters are of good organic purity, but they are very soft with a tendency to be acidic in character, and will have a corrosive action on mild steel, wrought iron and galvanised iron.

During the past year attention has been drawn to a subject hitherto never mentioned in these reports. It is the fluoridation of water supplies which is already practised on a considerable scale in the United States of America, based on the knowledge that an appropriate concentration of fluorine in drinking water will greatly reduce the incidence of dental caries. Arrangements have been made for the addition of fluorine to the water supplies of certain towns in this country, and as the fluorine content of the Skipton water is less than 0.1 parts compared with a recommended 1.0 parts per million, the results will be awaited with interest. There appear to be no valid objections to this valuable piece of preventive medicine, and the cost is likely to be small.

6. SWIMMING BATHS:

As the summer was a bad one the open-air pool was little used. This pool has no filtration plant and effective chlorination is almost impossible. The covered pool was treated regularly with chloros, in the absence of a proper chlorination plant, and a satisfactory condition maintained by chemical and bacteriological tests. The Council has again considered the provision of a new swimming bath, and better facilities for this healthy and popular pastime would be most welcome both in Skipton and throughout the district.

7. SEWERAGE, DRAINAGE, and SEWAGE DISPOSAL:

Sewerage:

There is almost a complete system of sewerage in the district. The new sewer extensions were mainly in connection with the construction of new Council dwelling-houses on the Horse Close Estate. The new constructions included 1,880 yards of surface water sewer, and 1,238 yards of foul sewer.

Drainage & Sanitary Accommodation:

The sanitary inspectors made one hundred and twelve visits to premises for the purpose of testing existing and new drains, and inspecting sanitary fittings. The constructions inspected were as follows: the conversion of twelve hopper type water-closets to pedestal type water-closets, the construction of three fresh water-closets, and the reconstruction of the drains at eleven premises.

The approximate number of sanitary conveniences in the district is as follows: 6,401 fresh water-closets, 5 waste water-closets and three pail closets. The three pail closets are situated in the built-up area, and cannot be converted because the premises are situated below the level of the sewer. Two of the pails are connected with houses which are scheduled for demolition.

Sewage Disposal:

The methods of treatment were satisfactory, and there were no complaints of pollution from the Sewage Works.

Rivers and Streams:

The West Riding Rivers Board are the authority responsible for the supervision of rivers and streams. No instances of pollution came to the notice of the department and no complaints were received.

8. FOOD HYGIENE:

Although there was only one small outbreak of food poisoning in the district during the year (in which the infection was acquired elsewhere), this is a matter which still requires the closest attention. This is shown by reference to the cases reported in England and Wales in 1953, being the latest figures available at the time of writing, which show that the number of incidents (i.e. outbreaks and sporadic cases) was 5,277, being an increase of 1,758 over the previous year. 10,373 cases were notified and there is evidence that at least 15,000 persons had symptoms; all preventable, no matter whether infection was due to salmonella, staphylococci or other organisms. 51 cases were fatal.

The foods implicated in outbreaks were similar to previous years, the most important being processed and made-up or reheated dishes - pies, brawn, sandwiches, sausages, cold and pressed meat, stews and the like. Trifles, ice-cream, custard and cream buns again added their quota, followed by processed fish and duck eggs. Duck eggs are used extensively in this country and as many of them are infected they should never be eaten unless boiled for fifteen minutes, and used only in cooking where the food is subjected to prolonged heating at high temperatures after the eggs are added.

Although food poisoning is usually more inconvenient than serious, it is important as an indication of poor hygiene and inadequate or wrong use of refrigeration in kitchens and food factories. Exhortation and education are obviously not meeting with much success yet. But immediate improvement would result if customers refused food prepared in conditions known to be unhygienic and by methods known to be potentially dangerous.

9. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_2) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile	Sulphur in mgms. (SO ₃) per 100 sq. cms. per day	Average daily sus- pended impurity in mgms. per cubic metre.
January	98	22.64	0.94	30.9
February	59	16.95	0.96	24.1
March	62	30.69	0.92	30.9
April	16	9.30	0.59	26.8
May	96	20.25	0.48	30.9
June	92	15.50	0.48	20.6
July	111	19.03	0.48	20.6
August	143	16.37	0.24	16.5
September	140	20.62	0.68	28.9
October	155	20.55	0.75	26.4
November	153	19.17	0.88	39.4
December	155	26.99	1.01	25.0

Measurement of atmospheric pollution on a national scale, based on observations from 150 stations, show an annual production of 2,400,000 tons of smoke - 1,290,000 tons from wasteful domestic fires, 700,000 tons from industry, 400,000 tons from railways and 10,000 tons from generating stations. In addition 5,000,000 tons of sulphur dioxide, and 570,000 tons of ashes are produced.

Attention has again been focussed on this evil record by the Beaver Committee Report, which describes atmospheric pollution as "a social and economic evil of the first magnitude", estimated to cost the country £250 million per year, and to waste 10 million tons of coal.

The effect on health is considerable. "Smog" was responsible for 4,000 deaths in London in December 1952, and the death rates from bronchitis in this country are far higher than they are in Scandinavia and elsewhere. These are but two points. To get rid of this smoke would probably not cost more than the bill which the country pays annually (i.e. £250 million) and it is hoped that energetic steps will now be taken to implement the Beaver Committee's recommendations.

10. CREMATION:

The Skipton Urban District Council's crematorium was opened on the 30th May, 1952, and between that date and the end of 1954 over two thousand cremations have taken place. There is an increasing demand for this simple, complete, hygienic and reverent method of disposal of the dead; and as the half million people who die in Great Britain each year would require some 500 acres of land for burial, it is also an economic method.

The Medical Officer of Health is the medical referee to the Crematorium, assisted by a deputy as required.

11. NATIONAL ASSISTANCE ACTS, 1948 and 1951:

These Acts provide for the removal to hospital or other suitable place of persons suffering from grave chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves and not receiving from other persons proper care and attention.

It was not necessary to take action under these Acts during the year, it being possible to deal with such cases as came to notice by other methods.

SECTION C

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

1. DIPHTHERIA:

Another year has passed without a case of diphtheria, but there are cases occurring in England and Wales every week, and it is important that the low incidence should not result in a false sense of security, to the neglect of immunisation. Further reference to this matter is made in the Appendix.

2. SCARLET FEVER:

This disease was more prevalent, particularly in the Spring, there being 24 cases compared with 4 and 34 in the two preceding years. Cases were reported to be a mild type and all were nursed at home.

3. WHOOPING COUGH:

Only 11 cases were reported, compared with 7, 25, 21, and 35 in the four preceding years. Whether this reduction is due entirely to immunisation against this disease it is not possible to say, but the consensus of medical opinion is that if whooping cough does occur it is certainly less serious in the child who has been immunised.

4. MEASLES:

As there were 336 cases in 1953, a lower incidence was to be expected this year. There were in fact 59 cases of which the great majority occurred in August, September, and October.

5. PUERPERAL PYREXIA:

Three cases were notified following confinement in hospital.

6. SMALL POX:

No cases were notified, but the vaccination state is low throughout the whole country and the alarm which resulted from the epidemic in 1953 has been short lived. The demand for vaccination has fallen away proportionately, although at the time of writing this report an epidemic exists just across the Channel, in Brittany.

7. TUBERCULOSIS:

About a hundred years ago 65,000 deaths were caused by tuberculosis each year in England and Wales in a population of 20 millions. In 1939 the deaths numbered 25,600 with the population more than doubled, and since then there have been further falls to 10,585 in 1952 and 8,902 in 1953. This is satisfactory in so far as it goes and is attributable to some extent to sanatorium and surgical treatment and the isolation of infectious patients, but to a larger extent to better standards of living - better nutrition, better housing, and better working conditions. Although it must not be forgotten that the tuberculosis death rate for those in the lowest social class still remains twice as high as for those in the highest social class. Tuberculosis is therefore a social evil which can and must be stamped out. It is therefore a matter for concern that although mortality is declining fast there is no diminution in the number of fresh notifications. It is believed that these notifications are mainly the result of more effective and earlier case finding, but there is another factor. That is the survival of cases who would have died in the days before effective drug treatment was available, but who now remain alive, in some instances in an infectious state and in a position to disseminate the disease amongst their contacts. It would therefore seem that before the disease is abolished there is an intermediate stage in which patients are an increased burden on the welfare and curative sources, and this implies the need for intensification of the search for early cases, hitherto undiscovered sources of infection, and the reasonable segregation of the above chronic cases. The routine methods of preventive medicine are being applied with an additional measure introduced for the first time this year. This consists in obtaining parental consent for the application of a tuberculin test to each school entrant. The great majority of these children have not been infected with tuberculosis germs and give a negative reaction. But a positive reaction implies infection, and now that most milk supplies are from tuberculin tested herds or pasteurised, examination of the child family contacts is considered worth while. This is undertaken with the help of the Chest Physician and has already shown results.

In so far as this district is concerned, 14 cases of tuberculosis were notified during the year, compared with 16, 15, 13, and 9 in the four preceding years.

14 patients were admitted to tuberculosis hospitals and 19 were discharged. 107 cases remained on the register at the end of the year. The waiting lists for admission to these hospitals have been greatly reduced of late. In fact, admission can now be secured in most instances almost as soon as treatment is offered.

Since 1948, the treatment of tuberculosis has been the responsibility of the hospitals and chest physicians, but the health authority's responsibilities are closely integrated in this area by the employment of health visitors in the chest clinics, and a monthly case conference where all relevant problems are discussed. This has proved to be of great value.

During the year arrangements were made for persons to be Xrayed who were taking up appointments in the Division involving contact with children, such Xrays now being obligatory; and all persons holding such positions were encouraged to attend the Mass Radiography Unit for an annual check.

B.C.G. Vaccine:

This is a form of inoculation similar to smallpox vaccination, and produces in the human body an artificially acquired resistance to the disease. It has been offered by the Chest Physician in all suitable cases, and although it is still uncertain whether it gives complete protection, and precisely how long the immunity lasts, there is no doubt that it reduces the risk of contracting tuberculosis.

In addition to the vaccinations performed by the Chest Physician, mostly in young children, B.C.G. vaccination has this year been offered to thirteen year old children, exhibiting a negative response to tuberculin tests. The principle is the same, but in this case aims at providing an immunity through adolescence, which is considered a dangerous age in respect of tuberculous infection. Details of this scheme are given in the Appendix to this report, in the School Health Service section.

Mass Radiography:

This service has been operating for 10 years and there are now seventy units in England and Wales examining some three million people each year. The aim of the service is the detection of early and symptomless cases of tuberculosis, and in general the yield of cases is highest in the age group 15-35, and amongst cases referred by general practitioners. A unit of the Leeds Regional Hospital Board visited Skipton in September and a brief report of the findings is as follows:-

	Males	Females	Total
1. Examination carried out:			
(a) Miniature Xrays taken	711	791	1,502
(b) Large Xrays taken	22	18	40
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis	1	1	2
(b) " " inactive "	5	8	13
(c) Other abnormalities	11	6	17
(d) Failed to reattend for large film	1	0	1

This report is in respect of all people examined during the survey, and is known to include a considerable number of persons resident outside the town.

The numbers are too small to comment upon without reservation, but so far as the results go, 2 cases of active tuberculosis out of 1,502 people examined again compares favourably with an average national rate of 3.5 per 1,000.

8. FOOD POISONING:

Three cases were notified. Investigation showed that the infection had been acquired whilst the family were on holiday in an adjacent county.

9. DYSENTERY:

There was a small outbreak of dysentery early in the year, 17 cases being notified. As it was a mild type other cases may have occurred. This disease continues to be very prevalent in Lancashire and Yorkshire.

10. OTHER DISEASES:

There were five notifications of pneumonia, but none of poliomyelitis, or meningitis. Information was received of a number of cases of jaundice in a junior school, but this is not a notifiable disease under the Public Health Act.

NOTIFICATION OF, AND DEATHS FROM INFECTIOUS DISEASES.

Disease Notified	Age Groups								Total cases noti- fied	Cases adm, to hosp- ital	Total deaths
	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 and over	Age un- known			
Scarlet Fever	-	-	5	12	4	2	1	-	24	4	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Acute Polio- myelitis	-	-	-	-	-	-	-	-	-	-	-
Measles	-	14	18	25	2	-	-	-	59	-	-
Whooping Cough	-	1	1	7	-	1	1	-	11	-	-

Disease Notified	Age Groups						Total cases noti- fied	Cases Adm. to Hosp- ital	Total Deaths
	0-5	5-15	15-45	45-65	65 and over	Age un- known			
Smallpox	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	3	-	-	-	3	-	-
Pneumonia	-	1	2	2	-	-	5	-	-
Erysipelas	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	1	-	-	-	1	-	-
Dysentery	1	8	8	-	-	-	17	-	-
Food Poisoning	1	-	2	-	-	-	3	-	-

THE FOLLOWING REPORT IS FURNISHED BY
E. HARGREAVES, CHIEF SANITARY INSPECTOR, UNDER THE
SANITARY OFFICERS OUTSIDE (LONDON) REGULATIONS, 1935

SANITARY INSPECTION OF THE AREA

Summary of inspections made during the year:-

Premises:		
Public Health Nuisances & Housing Defects		
(including revisits)		851
Factories - mechanical & non-mechanical		169
Outworkers' Premises		8
Workplaces		46
Drainage		112
Rodent Control		128
Offensive Trades		4
Smoke Observations		69
Rag Flock Act		6
Pet Animals Act		7
Shops Act		3
Movable Dwellings		8
Places of Public Entertainment		
(Public Houses, Refreshment Houses, etc.)		82
Schools		33
Alleged filthy and verminous premises		9
Hairdressers and barbers		24
Pig sties		37
Council Tips		45
Dairies		4
Meat and other foods		594
Butchers' shops		40
Food premises and stalls		526
Mobile canteens		1
Hawkers of food		15
Ice-cream premises and stalls		72
Suspected food poisoning investigations		1
Samples:		
(a) Milk - bacteriological	96	
Milk - biological	3	99
(b) Ice-cream - bacteriological		57
(c) Town's Water Supply:		
(1) bacteriological	22	
(11) chemical	2	
(111) plumbo solvency	4	28
Private water supply		10
Swimming baths:		
(1) Open-air pool	2	
(11) Indoor bath	20	22
Infectious disease investigations		33
Trade Refuse		7
Petroleum Acts		34
Interviews on premises with owners, agents & contractors		187
		<u>3,371</u>

Complaints received	99
Informal notices under the Public Health & Housing Acts, 1954	43
Informal Notices under the Public Health & Housing Acts, outstanding 31st December, 1953	29
Informal Notices requiring abatement in 1954	72
Informal Notices abated in 1954	49
Informal Notices outstanding 31st December, 1954	23
Statutory Notices served in 1954	9
Statutory Notices outstanding 31st December, 1953	14
Statutory Notices complied with in 1954	16
Statutory Notices outstanding 31st December, 1954	7
Defects outstanding 31st December, 1953	63
Defects found in 1954	115
Total defects requiring abatement	178
Total defects abated during 1954	104
Total defects outstanding 31st December, 1954	74

FACTORIES ACTS, 1937 and 1948

PART 1 OF THE ACT

1. INSPECTIONS for the purpose of provisions as to health
(including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1,2,3,4, & 6 are to be enforced by local authorities	11	13	Nil	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the local authority	93	156	7	Nil
(3) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises).	Nil	Nil	Nil	Nil
	104	169	7	Nil

2. Cases in which DEFECTS were found:

	Out- standing December 1953	Number of cases in which defects were found		Number of cases in which prose- cutions were instituted
		1954 Found	1954 Remedied	
Want of cleanliness	-	-	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary conveniences:				
(a) insufficient	-	3	-	-
(b) unsuitable or defective	9	11	18	-
(c) not separate for sexes	-	1	1	-
Other offences against the Act (not including offences relating to outwork).	-	-	-	-
	9	14	19	-

OUTWORKERS:

There were seven outworkers on the register at the end of the year. The work carried out in each case was burling and mending, associated with textile weaving. Eight inspections were made, and the premises were found to be clean and suitable for the purpose.

WORKPLACES:

Forty-six inspections were made under the provisions of section 46 of the Public Health Act, 1936, respecting the provision of sufficient and satisfactory sanitary accommodation. The sanitary conveniences at two of the premises were found to be defective. The work at one of these premises was carried out, and the other work is receiving attention.

RODENT CONTROL:

Advice and assistance was given to persons complaining of rodent infestation on their premises, and the disinfestation of premises was carried out by the department. Every assistance was given to the department by the West Riding County Agricultural Committee.

Treatment was carried out using pin-head oat-meal as a base, with the addition of Warfarin. The results obtained since the introduction of Warfarin have been highly successful.

The Council's slaughterhouse, refuse tip, sewage works and cemetery were treated regularly. The other types of premises treated by the department were as follows:-

<u>Rats</u>		<u>Mice</u>	
Factories	7	Canteen kitchens	4
Dwelling-houses	2	Dwelling-houses	2
Beck course	1	Restaurants	2
Gardens & outbuildings	1	Furniture Store	1
		Gardens & cold frames	1

OFFENSIVE TRADES:

There is one tripe boiling establishment at the Council's slaughterhouse. The trade is carried on under the daily supervision of the meat inspector. In addition, there are two rag and bone dealers. The standard of cleanliness of these premises was very good.

SMOKE OBSERVATIONS:

Sixty-nine observations, each of thirty minutes duration, were made of the smoke emitted from factory chimneys. The following results were recorded:-

Minutes of black smoke	52 $\frac{1}{4}$
Minutes of moderate smoke	158 $\frac{1}{4}$
Minutes of very light or no smoke	1859 $\frac{1}{2}$

Average time black smoke emitted
per observation - in minutes .757

Number of occasions on which black
smoke was emitted in contra-
vention of the Council's
byelaws

3

Byelaws made in pursuance of Section 2 of the Public Health (Smoke Abatement) Act, 1926, are in operation. They provide that the emission of black smoke for a period of two minutes in the aggregate, within any continuous period of thirty minutes, from any building other than a dwelling-house, shall, until the contrary is proved, be presumed to be a nuisance. On three occasions the byelaws were contravened, and the observations were followed by visits to the factories, and confirmatory notices to the managements concerned. As a result, conditions were improved, and no further action was found to be necessary.

A considerable nuisance was caused by the emission of soot from one chimney in the area. The management called in a firm of boiler engineers who carried out tests, after which alterations were made to the boiler plant. An engineer from the Ministry of Fuel and Power also made a number of visits to the boiler. As a result there was some improvement in conditions.

On two occasions the British Transport Commission, British Railways, were notified of nuisances caused by smoke emitted from railway locomotives, particularly on the Skipton - Ilkley line.

At the local technical institute a course of lectures were held for boiler operators. It is hoped that there will be sufficient support from the managements and employees to continue in future years with these lectures.

Atmospheric pollution, and its resultant effect upon health, has received much publicity. The three main consequences of air pollution are, injury to health, waste of fuel, and heavy costs. The National Smoke Abatement Society in its memorandum urged local authorities to make full use of their existing powers. Even if all local authorities were sufficiently staffed to concentrate on this important problem, it is felt that the desired results could not be achieved under the present legislation, and the emission of smoke from domestic premises would continue to be one of the main problems.

The provisions of the Public Health Act, 1936, in relation to smoke nuisances, gives power only for the control of smoke from industrial premises, and further practical difficulties arise in the proving of a nuisance, and the safeguarding provision that 'the best practical means' have been taken for preventing the nuisance. The powers of byelaws are also insufficient, because they refer only to black smoke.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The provisions of the Act are for the purpose of enforcing the use of clean filling materials in upholstered articles and articles which are stuffed or lined.

In pursuance of Section 2 of the Act, five premises were on the register. The greater part of the work carried out on these premises was the re-making and re-conditioning of articles.

The premises were found to be satisfactory and the provisions of the Act were being fully complied with.

PET ANIMALS ACT, 1951

Three licences were granted to keep pet shops. Two firms sold birds and one firm birds and mostly pedigree dogs. The premises were found to be clean and suitable as respects size, temperature, lighting and ventilation.

MOVABLE DWELLINGS

One licence was in operation, under the provisions of Section 269 of the Public Health Act, 1936, permitting one movable dwelling on land known as Sackville Yard. The dwelling was kept clean, and there was adequate sanitary accommodation, and a sufficient supply of town's water within close proximity to the dwelling.

The other movable dwellings that were brought into the district, only remained for very short periods. Immediately it was known that there were dwellings of this type in the district, inspections were made which usually resulted in them being removed.

PLACES OF ENTERTAINMENT

(Public Houses, Refreshment Houses, etc.)

Eighty-two inspections were made of forty-four premises on the register. It is required by section 89 of the Public Health Act, 1936, that a local authority may by notice require the owner or occupier of any premises of this type to provide and maintain in a suitable position, such number of sanitary conveniences for the use of the persons frequenting the premises. New sanitary conveniences were constructed at three public houses, and additional sanitary conveniences for the use of females were constructed at another public house. New conveniences for the use of males were provided at one cinema.

Although there are still improvements needed at some of these premises, the general standard of cleanliness and construction is good. The remaining desired improvements to sanitary conveniences at public houses entail the re-designing of the interior of the buildings, but, no doubt, the work will be carried out in the near future.

The sanitary conveniences on other premises were found to be satisfactory.

SCHOOLS

Thirty-three visits were made to the eleven schools in the district. The sanitary conveniences at two schools, referred to as unsatisfactory in the last annual report, have been given some attention. At one of the schools, new sanitary fittings were installed, and the buildings were re-conditioned. At the other school the urinal accommodation was improved.

Over the past year, an improvement in the general cleanliness of the conveniences has been observed.

ALLEGED FILTHY AND VERMINOUS PREMISES

No cases of bed bug infestations came to the notice of the department.

The visits made were to premises infested by cockroaches. These premises were successfully treated by the department.

HAIRDRESSERS AND BARBERS

Section 120(1) of the West Riding County Council (General Powers) Act, 1951, provides that no person shall carry on the business of hairdresser or barber on any premises, unless he and those premises are registered by the local authority. At the end of the year there were twenty-two hairdressers and barbers, and twenty-one premises on the register.

Byelaws under the provisions of section 120(3) of the Act are in operation in the district for the purpose of securing the cleanliness of premises, towels, instruments and persons employed in the premises.

Twenty-four inspections were made, and the general standard of cleanliness of the premises, instruments and persons was good.

MEAT FOR FEEDING ANIMALS

Byelaws made under section 77 of the West Riding County Council (General Powers) Act, 1951, are in operation, and require the sterilisation of meat exposed or offered for sale for consumption by dogs, cats or other animals.

Meat for feeding animals was sold at two shops in the area, and no contraventions were observed.

KEEPING OF ANIMALS

Byelaws are in operation, under section 81 of the Public Health Act, 1936, respecting the keeping of animals so as to be prejudicial to health.

Special attention was given to the control of premises where pigs were kept, and thirty-seven visits were made for this purpose. Three premises were found to be unsatisfactory respecting standard of buildings, drainage and cleanliness. One piggery was demolished, and new buildings constructed on another site. The requirements were also complied with on the other two premises

REFUSE COLLECTION AND DISPOSAL

The collection of household and trade refuse was carried out by the cleansing staff of the department.

A special charge was made for the collection of trade refuse, which was based on the average total amount of refuse collected from each of the trade premises annually. The charges were calculated as follows: the contents of one dustbin were collected weekly free of charge, all other bins were at the rate of 4d. each. A charge of £1. 2. 6d. was made for the collection and disposal of one vehicle load, and 1/6d. a load for disposal only.

Three Karrier Bantam side loading vehicles, of 7 cubic yards capacity, with trailers attached, were in full service, and one vehicle was retained for relief work. The retention of one additional vehicle alleviated the disorganisation of the service during maintenance or breakdown of the regular vehicles. Every endeavour was made by the department to maintain a seven to eight days collection, in addition to the more regular collections from hotels, restaurants and other business premises. Apart from delays owing to inclement weather, and holiday periods, a regular collection was maintained.

Continual difficulties were experienced by the loss of time owing to sickness. During the year under review 974 $\frac{1}{2}$ man hours were lost through sickness, which was equivalent to being understaffed by one man for 22 weeks in the year. It was almost impossible to obtain temporary labour, and the working of additional hours for too long a period tended to lower the daily output of the individual.

The refuse was disposed of by controlled tipping on land situated off Ings Lane. Each year it is the practice to strip the sod and soil off a further tipping area, for the purpose of levelling and covering the tipped area. It was impossible to carry out any of this work because of the flooded state of the land.

Salvage:

Many local authorities discontinued the handling of paper because of reduced demand, and the decrease in the value of the paper. At the end of 1953 the price per ton fell to £5, and the demand was poor.

It was the opinion of the officials, confirmed by the Health Committee of the Council, that the demand for this class of salvage would eventually increase, and the present method of disposal was preferable to other methods, i.e. burning or tipping. At the end of the year the price per ton was £7, with a promised increase on the 1st January, 1955.

The workmen continued to receive a bonus for additional collections of salvage; the sum of £276. 7. 3. was paid to the workmen engaged on this work.

There was a regular collection of kitchen waste from domestic and business premises. By arrangement with the Council, a pig-keeper had 180 bins deposited in the district. He was responsible for all expenses incurred in collection, and paid the Council £50 for the privilege.

During the year, the weight of materials and the income from the reclamation of waste were as follows:-

1st January - 31st December, 1954

<u>Description</u>	<u>Weight</u>				<u>Income</u>		
	T.	C.	Q.	Lbs.	£.	s.	d.
Baled cardboard	5.	2.	3.	0.	33.	7.	10.
Baled waste paper	240.	17.	0.	0.	1,564.	18.	4.
Rags	1.	10.	2.	14.	24.	10.	0.
Carpets	2.	8.	0.	0.	7.	3.	7.
Featherbed	-	-	-	-	10.	0.	
Hessian		6.	2.	0.	19.	6.	
Scrap tyres		3.	0.	0.	12.	0.	
Black scrap	4.	19.	1.	0.	21.	3.	11.
Mixed metals	1.	6.	2.	0.	8.	0.	0.
Copper		1.	0.	8.	8.	2.	10.
Brass			1.	7.	1.	8.	9.
Lead			1.	23.	1.	8.	3.
	256.	15.	1.	24.	1,672.	5.	0.
Kitchen Waste (approx.)	90.	0.	0.	0.	50.	0.	0.
Total for year 1954....	346.	15.	1.	24.	1,722.	5.	0.
Total for year 1953....	258.	13.	3.	16.	816.	7.	10.

1st. April, 1953 - 31st March, 1954

Loads of refuse removed... .. 2,068

Refuse Collection and Motor Vehicles

Refuse Disposal

1,222. 3. 9.

GROSS COST	6,600.	17.	4.
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	£.	s.	d.	£.	s.	d.	£.	s.	d.
Brought forward:							6,600.	17.	4.

INCOME

Refuse Collection:

Charges, Trade Refuse	211.	8.	0.
Other income	-	-	-

Salvage

Waste Paper	917.	18.	11.
Other Salvage	39.	7.	2.
Kitchen Waste	50.	0.	0.
	1,218.	14.	1.

Motor Vehicles:

Hire Charges	15.	4.	1.
	15.	4.	1.

Refuse Disposal:

Tip rents & charges	52.	19.	9.
	1,286.	17.	11.

NETT COST	5,313.	19.	5.
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Average nett cost per load	2.	11.	4.7
Average nett cost per ton	1.	5.	8.35
(1 load estimated to weigh 2 tons)			

HOUSING

In March, the Minister asked local authorities to resume the full exercise of their powers under Part 11 and 111 of the Housing Act, 1936. As a result, two Clearance Orders were made in relation to 22 houses, and the Orders were submitted to the Minister for confirmation. A further representation was made in respect of 18 houses, and this was deferred for further consideration. Reports were submitted as to the condition of 9 houses owned by the Council, and consequently the houses were demolished. The owner of 5 houses gave an undertaking that as soon as the Council provided accommodation for the persons to be displaced the houses would be demolished. Closing Orders were made on three houses under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, prohibiting the use of the houses for any purpose other than the storage of building materials.

The Housing Repairs and Rents Act, 1954, requires local authorities to submit for the Minister's approval, within twelve months from the 30th August, 1954, proposals for dealing with the houses in their area which appear to them to be unfit for human habitation and liable to demolition.

The following is a preliminary report on the proposals for dealing with unfit properties during the next 5 years:-

Part 1. The total problem:

- (1) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936 348
- (11) Period in years which the Council think necessary for securing the demolition of all the houses in (1) 5 years

Part 2. Orders already made, etc.

- (111) Number of houses in (1) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority 12
- (1V) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative 22

Part 3. Action in the first five years:

- (V) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the 5 years. Nil
- (VI) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance order or compulsory purchase order submitted to the Minister 297

(Vll) Number of houses under (lll), (lv), (v), and (Vl) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation	Nil
(Vlll) Number of houses under (lll), (lv), (v), and (Vl) to be demolished in the five years	331
(lX) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936... ..	17

HOUSING STATISTICS

Year 1954

Number of dwelling-houses in the Skipton urban district	4,482
Number of back-to-back houses included in above	143
<u>1. Inspection of dwelling houses during the year:</u>	
1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	129
(b) Number of inspections made for the purpose	851
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations	57
(b) Number of inspections made for the purpose	272
<u>3. Number of dwelling houses needing further action:-</u>	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	57
(b) Number (excluding those in sub-head 3 (a) above), found not to be in all respects reasonably fit for human habitation	43

2. Remedy of defects during the year without service of formal notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers ... 49

3. Action under Statutory Powers during the year:

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:

(1) Number of dwelling houses in respect of which notices were served requiring repairs ... Nil

(2) Number of dwelling houses which were rendered fit after service of formal notices:-

(a) By owners ... Nil

(b) By local authority in default of owners ... Nil

B. Proceedings under Public Health Acts:

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... 9

(2) Number of dwelling houses in which defects were remedied after service of formal notices:

(a) By owners ... 5

(b) By local authority in default of owners ... -

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation ... 3

(2) Number of dwelling houses in respect of which Demolition Orders were made. ... Nil

(3) Number of dwelling houses demolished in pursuance of Demolition Orders ... 2
(Orders made in 1953)

(4) Action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 3

Closing Orders
(See C (1)).

D. Proceedings under Section 12 of the Housing Act, 1936:

- (1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made ... Nil
- (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit ... Nil

4. Housing Act, 1936 - Part 1V - Overcrowding

- (a) (1) Number of dwellings overcrowded at the end of the year ... Nil
- (2) Number of cases of overcrowding relieved during the year ... Nil

5. New Houses

Number of new houses provided during the year:

By the local authority:

Permanent type...	...	6
Temporary type...	...	-

By private enterprise	7
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6. Housing Act, 1949

- (a) Section 4 - Advances for purpose of increasing housing accommodation ... Nil
- (b) Section 20 - Grants to persons other than local authorities for improvement of housing accommodation 2

7. Housing Act, 1936, Section 25. Clearance Areas

	<u>Houses</u>	<u>Demolished</u>
2 Clearance Orders submitted to Ministry	22	
1 Clearance Order - Council property	9	9
1 Clearance Area - Undertaking by owner to demolish	5	
1 Representation	18	

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

The Milk and Dairies Regulations, 1949.

Number of milk distributors on the register 19

Number of dairy farmers from outside the urban
area who retail milk in the area 4

The Milk (Special Designations) (Raw Milk) Regulations, 1949.

Number of licences in force to use the designation
'tuberculin tested' in relation to milk obtained
in bottles and retailed in the area 5

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Milk obtained in bottles:
 (a) tuberculin tested 'pasteurised' 16
 (b) pasteurised 15

Only thirty gallons of the daily supply of milk were ungraded. The whole of the milk delivered to domestic premises was bottled. The supply to hotels, restaurants, etc., was tuberculin tested or pasteurised, and was delivered in sealed churns.

There were two dairies in the district; one was used only for the separation of cream, and the other as a depot from which the local distributors obtained their milk. The bottles were returned for cleansing to a dairy situated in the rural area or to the farms where the milk was produced.

The milk was distributed in covered vans, and the general standard of cleanliness of the vans was good.

The following samples were submitted for examination:-

Bacteriological Examination			
Type of Milk	Number	Satisfactory	Unsatisfactory
Tuberculin tested	37	37	-
Tuberculin tested 'pasteurised'	17	17	-
Pasteurised	21	21	-
Pasteurised (schools)	15	15	-
Ungraded	6	4	2
<u>Biological Examination</u>			
Number 4	Tubercle bacilli present - Nil		

MEAT

There were no private slaughterhouses in the district. All the slaughtering was carried out in the public abattoir.

The modernisation of the abattoir was completed by the installation of modern equipment in the pig slaughterhouse, the provision of an additional scalding tank, and the installation of an electrically operated beef carcase splitting saw.

After the decontrol of meat and livestock by the Ministry of Food, the Council, with the purpose of making full use of the modern abattoir, and to meet the needs of the trade, arranged with a wholesaler to slaughter and trade in the abattoir. Arrangements were also made with the wholesaler to act as slaughtering contractor for those preferring to buy their own animals. This also provided additional facilities to butchers in Skipton and elsewhere to purchase their requirements.

The abattoir is of sufficient size and so equipped to deal with a larger number of animals than have been slaughtered since decontrol.

The following tables show the animals slaughtered, inspected and condemned:-

Animals Slaughtered

Month	Cattle	Calves	Sheep	Pigs	Total
January	137	102	611	291	1,141
February	146	111	656	259	1,172
March	190	107	703	310	1,310
April	257	119	727	512	1,615
May	242	85	381	426	1,134
June	177	97	916	370	1,560
July	209	12	841	137	1,199
August	185	20	803	164	1,172
September	223	30	981	251	1,485
October	187	31	725	244	1,187
November	197	30	676	248	1,151
December	183	9	534	417	1,143
Totals	2,333	753	8,554	3,629	15,269

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	1,622	711	753	8,554	3,629
<u>All diseases except tuberculosis</u>					
Whole carcasses condemned	1	16	140	71	10
Carcases of which some part was condemned	5	3	3	2	10
Percentage of the number of carcasses inspected affected with disease other than tuberculosis	.37	2.67	18.99	.85	.55

Carcases inspected and condemned - continued

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
<u>Tuberculosis only</u>					
Whole carcasses condemned	3	7	1	-	5
Carcases of which some part was condemned	11	9	-	-	119
Percentage of the number of carcasses inspected affected with tuberculosis	.86	2.81	.13	-	3.41
Percentage of the number inspected affected with tuberculosis	Approx. 13.00		-	-	-

Weight of Meat and Organs Condemned

	T.	C.	Q.	lbs.
Cattle:				
27 whole carcasses...	5.	1.	2.	15.
28 part carcasses ...	17.	2.		12.
Calves:				
141 whole carcasses...	2.	0.	1.	14.
3 part carcasses ...			3.	7.
Sheep:				
71 whole carcasses...	1.	2.	3.	24.
2 part carcasses ...				10.
Pigs:				
15 whole carcasses...	17.	1.		13.
129 part carcasses ...	17.	1.		20.
Heads & tongues of all animals (except pigs)	2.	1.	2.	4.
Edible offal and fat	10.	18.	2.	19.
	23.	18.	1.	26

The Council disposed of all condemned meat, which was stained with a green dye before disposal. It was then processed under steam pressure by the contractor.

Other Food Found Unfit for Human Consumption
and disposed of by burying in the Council's
Refuse Tip.

Food in Tins or Glass Containers:

<u>Meat</u>	<u>Milk</u>	<u>Vegetables</u>	<u>Fruit</u>	<u>Soup</u>	<u>Fish</u>	<u>Jam</u>	<u>Stew</u>
118	34	133	185	4	54	2	16

Miscellaneous

21

Other Food:

10 stones sausage rusk
2 boiling fowls
18 lbs. bacon
23 lbs. cod fillet

TRANSPORT OF MEAT:

Two vans were operated from the slaughterhouse for the transport of meat. Facilities were provided for washing the vehicles with hot and cold water. Daily inspections were made of the vans, and the standard of cleanliness was maintained at a high level.

Since decontrol, some of the butchers have transported meat in their own covered vans. Special attention was given to the type of vehicle used, and the standard of cleanliness.

RETAIL MEAT SHOPS:

There were fifteen butchers shops on the register, to which forty visits were made. The general standard of cleanliness of the premises and equipment was found to be good.

Four warning notices were sent respecting the provision of adequate washing facilities, standard of cleanliness and the renewal of counters.

SLAUGHTER OF ANIMALS (AMENDMENT) ACT, 1954

The number of licences issued to slaughtermen was forty-one.

The Slaughter of Animals (Amendment) Act, 1954, came into operation on the 1st October, 1954. This Act provides for the making of regulations for securing humane conditions in slaughterhouses or knacker's yards, and the licensing of slaughterhouses by local authorities.

The licences shall now specify the kinds of animals which may be slaughtered or stunned by the holder of the licence, and the types of instrument which may be used by him for slaughtering or stunning any such animals.

Sheep were stunned with electrically operated tongs, and other animals with a captive bolt pistol.

It was not necessary to have to warn any slaughterman for an act of cruelty.

FOOD AND DRUGS ACT, 1938:

Section 13 and Byelaws made under Section
15 of the Act:

Five hundred and twenty-six inspections were made to the following types of premises where food is prepared and sold:-

<u>Premises</u>	<u>Number</u>
Hotels and public houses	18
School canteens	11
Factory canteens	8
Restaurants	13
Bakehouses	20
Fish fryers	9
Chocolate manufacturers	1
Retail grocers	59
Wholesale grocers	5
Greengrocers	9
Greengrocers and fishmongers	4
Confectioners	6
Cooked meats	5
Tripe	1
Manufacturers of orange squash	1

Section 14 of the Act

Manufacturers of potted, pressed and preserved foods	8
---	---

The department was instrumental in the carrying out of the following work:-

	Bake- houses	Hotels and Rest- aurants	Canteens	Retail Shops	Preserved Foods	Fish Fryers
Walls, ceilings and woodwork, painted and limewashed	11	9	1	6	2	2
Walls & ceilings washed down	1	3	2	-	-	-
Walls plastered and rendered in cement	1	-	-	-	-	2
Floors cleansed	1	-	-	-	-	-
Floors repaired or relaid	2	-	-	-	1	-
Walls & ceilings replastered	1	-	-	-	-	1
Shelves and equipment cleansed	-	-	-	1	-	-
Cooking utensils cleansed	-	2	-	-	-	-
New washing-up sinks installed	-	2	-	-	1	-
Canopies to cooking apparatus provided	-	1	-	-	-	-
Adequate washing facilities provided	-	1	-	1	-	-

Although there has been a general improvement in the standard of food premises and the methods in which food is handled, there still remains much to be done in this field of public health. Local authorities have achieved considerable improvements with the legal powers at their disposal. Persuasion has played some part in attaining improved methods of handling food, but much more legal power is required to achieve the essential hygienic standard, particularly to enforce those persons who continue to disregard the principles of hygiene. It is felt that complete

success in the field of food hygiene will only be brought about when the public play their part by demanding improved conditions. Very little protest is made by the public to many unhygienic practices such as:-

the licking of fingers to assist in the separation of wrapping paper, and the blowing into paper bags used for food;

the handling of other foods after weighing potatoes and handling other vegetables, without washing the hands;

the acceptance of badly chipped and cracked crockery, and insufficiently washed crockery and cutlery in restaurants;

the acceptance of insufficiently washed glasses in public houses, particularly in improvised bars at dances, etc. ;

smoking during the preparation and handling of food;

the handling of unwrapped sweets;

the unnecessary handling of confectionery when tongs may be used.

It is regretable that some important clauses from the draft regulations made under the Food and Drugs (Amendment) Act, 1954, should be transferred to proposed voluntary codes of practice. Many enthusiastic local authorities who inaugurated food guilds are well aware of the lack of general support by the food trade, and of the apathetic attitude in general to the codes of practice.

HAWKERS OF FOOD:

In pursuance of Section 76 of the West Riding County Council (General Powers) Act, 1951, no person shall sell or offer or expose for sale in the district any food from or upon a cart, barrow or other vehicle or from or upon a basket, pail, tray, or other receptacle, unless he and the premises used as storage are registered.

The hawkers of food registered were:-

Grocers	2
Greengrocers and fishmongers	2
Butchers	4
Fishmongers	1

In all cases the food was sold from covered vans, and the general cleanliness of the vans and the methods employed in the handling of food were satisfactory. The premises used for storage of the food were also found to be satisfactory.

ICE-CREAM:

The following premises were on the register at the end of the year.

Manufacturers:	
Hot mix process	2
Storage and sale only	37

Seventy-two inspections were made of the premises and fifty-seven samples were submitted to the bacteriologist for examination.

In premises registered for the storage and sale, electrical refrigerators are installed. The ice-cream, except from two premises, was pre-wrapped.

It was seldom necessary to complain about the condition of the premises, equipment, or the manner in which ice-cream was handled.

The results of samples submitted for examination were as follows:-

<u>Provisional</u> <u>Grade 1</u>	<u>Provisional</u> <u>Grade 2</u>	<u>Provisional</u> <u>Grade 3</u>
53	3	1

WEST RIDING COUNTY COUNCIL.

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1954.

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1. GENERAL DESCRIPTION.

The Division consists of the following districts:-

	<u>Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,820	7,101.
Earby Urban District	5,348	3,519
Barnoldswick Urban District.	10,282	2,764.
Skipton Urban District	13,210	4,211.
Skipton Rural District	23,715	146,071.

Ø (Registrar General's Preliminary Report on the 1951 Census).

Social conditions in this mixed urban and rural community changed little during the year. Such changes as occurred were beneficial, being attributable to full employment with a corresponding rise in the standard of living, and improved housing conditions. But although much has been done to improve the latter, much remains to be done; and it is hoped that full advantage will be taken of the provisions of "The Housing Repairs and Rents Act, 1954" to secure the demolition or improvement of substandard property which remains. Farning, one of the most important occupations, had a difficult year. For the shortage of farm labour persisted, and the hay crop was gathered under most adverse conditions in a period of bad weather, unparalleled in the last fifty years.

2. DIVISIONAL STAFF: as at 31st December, 1954.

M. Hunter.	M.B.E., M.D., D.P.H. Divisional Medical Officer.
C. Harris.	M.B., B.Ch. Assistant County Medical Officer.
R.R. Stoakley.	M.B., B.Ch. Assistant County Medical Officer.

NURSING.

(a) Divisional Superintendent Health Visitor.

Miss F. Stevenson S.R.N., S.R.C.N., C.M.B., Part 1. H.V.

(b) Health Visitors/School Nurses.

Miss M. Birdsall S.R.N., C.M.B. Part 1. H.V.

Mrs. D. Crabtree S.R.N., S.C.M., H.V.

Mrs. A.M. Dickinson S.R.N., S.C.M.

Miss N. Easton S.R.N., S.C.M., H.V.

Miss R.E. Fawcett S.R.N., S.C.M., H.V.

Miss I. Fell S.R.N., S.C.M., H.V.

Miss M. Smith S.R.N., S.C.M., H.V.

Mrs. I.G. Roscow S.R.N.

Mrs. B. Roberts S.R.N., S.C.M.

Miss M. Whaley S.R.N., S.C.M., H.V.

Miss N. Williams S.R.N., S.C.M., H.V.

(c) Home Nurses.

Mrs. V.M. Flynn S.C.M., S.E.A.N.

Mrs. H.C. Hill S.R.N., S.C.M.

Mrs. I. Molyneux S.R.N., S.C.M.

Mrs. M. Parkinson S.R.N.

Mrs. M. Pratt S.R.N.

(d) Home Nurse/Midwives.

Miss M. Brown S.R.N., S.C.M.

Miss E.M. Butler S.R.N., S.C.M.

Miss P.J. Crompton S.R.N., S.C.M.

Miss C. Herbert S.R.N., S.C.M.

Mrs. D. Inman S.R.N., S.C.M.

Mrs. E.M. Lingard S.R.N., S.C.M.

Miss P.M. Oversby S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors.

Mrs. P.M.E. Bunnett S.R.N., S.C.M.

Miss A.M. Hunter S.R.N., S.C.M.

Mrs. B.A. Priestley S.R.N., S.C.M., H.V.

(f) Midwives.

Miss E. Barlow S.C.M.

OTHER STAFF.

Ø Mental Health Social Worker.

Mrs. J. Barber S.R.N., S.C.M.

Ø Home Teacher (Under Mental Deficiency Act).

Miss M.E. Marshall. M.A.

Ø Venereal Diseases Social Worker.

Mrs. Doige-Harrison.

Ø Speech Therapist.

Miss M. Buckley., L.C.S.T.

Ø (Part time in Division 1).

DAY NURSERY STAFF.

Matron	1
Nursery Assistants	2
Cooks and Domestics	2

ADMINISTRATIVE AND CLERICAL STAFF.

Administrative (Chief Clerk)	1
Clerical	8

HOME HELP STAFF.

Full time	15
Part time	30

OTHER DOMESTIC STAFF.

Part time	3
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The Division has again been fortunate in having a full complement of staff throughout the year, helped no doubt, by a favourable geographical position. Calls upon the staff, particularly the home nurses, have at times been heavy; but thanks to their willing co-operation all demands have been met.

It is gratifying to report that co-operation between the three branches of the Health Service - hospitals, general practitioners and local health authority, shows some signs of improvement, after a period of six years when all our efforts appeared to be in vain. A great deal more can be done in this direction, and it must be done if the general public is to receive the full benefits from this most costly Health Service. A Service which seems to have measured its progress by a yearly increase in the numbers of patients, hospital staffs, beds and drugs, and to have no policy except an arbitrary financial "ceiling", for reducing the annual bill for ill-health.

3. HEALTH CENTRES.

The establishment of Health Centres was to be one of the main features of the National Health Service, and their provision would certainly improve co-operation, help the patients by saving their time, and in the long run would likely reduce the total cost. But they are expensive to build, and instead of their being numbered in hundreds there are still less than ten in the country. Furthermore, there appears to be a reluctance of the medical profession for their establishment, which did not previously exist. Group practice appears to be the alternative, and the Minister of Health is reported to have said that this offers more promise for the future. It may well do so for the general medical practitioners, but unfortunately the patient cannot arrange his illnesses and accidents to coincide with his doctor's presence, and he may be seen by up to half a dozen doctors, particularly during holiday periods. He does not seem to find this entirely satisfactory, and it becomes increasingly difficult to reconcile the concept of the family doctor, - the erstwhile guide, counsellor and friend - with the large group practice.

In the absence of health centres we continue to use various types of rented premises for the local health authority services. Most of these are unsuitable and involve the staff in a wastage of time and effort. But we have been using them for years, and the services are generally well patronised despite the unattractiveness of the surroundings.

4. CARE OF MOTHERS AND YOUNG CHILDREN.

(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January - 31st December, 1954.

Details.	Domiciliary		Institutional		Total.
	Live.	Still.	Live.	Still.	
(a) Primary Notifications					
(i) Urban Districts	66	1	275	8	350
(ii) Rural Districts	60	-	238	2	300
(b) Add Inward Transfers:	4	-	241	7	252
(c) Total Notifications received:	130	1	754	17	902
(d) Deduct Outward Transfers	-	-	61	-	61
(e) Total Adjusted Births	130	1	693	17	841

Analysis of Institutional Births:

Born in (a) Hospitals:	689	17
(b) Maternity Homes:	1	-
(c) Nursing Homes:	3	-
Total:	693	17

(b) ANTE-NATAL CLINICS

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises).	No. of sessions now held per month.		No. of women in attendance.		Total No. of attendances made by women during year.	
	Combined with I.W.	Doctors only	No. of women who attended during year.	No. of new cases included in Col. 5.	Separate Sessions.	Separate Sessions.
Barnoldswick Methodist Hall, Mosley Street	1	4	125	107	528	1
Earby Old Grammar School	1	2	58	43	274	1
Glusburn Ebenezer Sunday School	1	2	26	19	133	1
TOTALS:	1	8	209	169	935	1

(c) INFANT WELFARE CENTRES.

Name and Address of Centre.	No. of Infant Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 yr. of age.	No. of children who attended during yr. and who were born in 1954 1953 1952-49	Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were: Under 1 but 2 but 1 yr. under under 2. 5.	Total attendances during yr.
Barnoldswick Methodist Hall	8	129	112 103 148	368	1612 451 392	2456
Earby Old Grammar School	4	59	52 66 41	159	1083 340 214	1642
Gargrave Institute	2	29	23 18 47	93	328 196 223	747
Glusburn Ebenezer Sunlay Schl.	4	30	67 54 39	160	1101 226 163	1490
Grassington Church House	2	28	25 26 24	75	306 270 157	733
Siliden Kirkgate S.Sch.	4	80	69 55 47	171	804 167 99	1070
Skinton Millfields Hall	12	125	104 129 173	406	2006 599 584	3189

(d) MOBILE CLINICS.

Name and Address of Centre.	No. of Infant Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 yr.	No. of children who attended during yr. and who were born in:	Total No. of children who attended during year.	No. of attendances during yr. made by children who at date of attendance were:	Total attendances during yr.
			1954	1953	1952-49	
Addingham	2	24	17	13	11	41
						242
					20	56
						318
Bradley	2	7	6	15	9	30
						34
					18	8
						60
Carleton	2	9	9	19	23	51
						97
					113	23
						233
Cononley	2	8	8	14	18	40
						72
					113	95
						280
Cowling	2	19	18	14	21	53
						231
					57	65
						353
Lothersdale	2	2	2	3	3	8
						9
					13	10
						32

(e) CARE OF PREMATURE INFANTS.

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. 57 premature infants were born in the Division during the year, some of which were transferred to childrens hospitals for treatment. Special equipment is kept for use on the midwife's request when premature infants are to be nursed at home.

(f) DAY NURSERIES.

As a result of a change in the policy for admission, the Earby Day Nursery was closed during the year, and those children who were eligible were offered places at the Barnoldswick Nursery. This change in policy has also affected the attendances at Barnoldswick and by the end of the year there had been considerable reductions in both children and staff. The expense of this service will be appreciated when it is pointed out that in the day nurseries in the West Riding the daily cost per child attendance was 16s. 2.9d in 1953 - 54.

(g) CHILDRENS HOMES.

There are two homes in Skipton, Burnside House and Aireview House. They are administered by the Welfare Department, but all children are examined by the Health Department Staff on admission and discharge, and periodically during their stay.

(h) CARE OF THE UNMARRIED MOTHER AND CHILD.

The illegitimate birth rate expressed as a percentage of all live births has now fallen to about half what it was in 1945., i.e., from nearly 10% to under 5%. And the infant mortality rate for the illegitimate is now approaching the rate for the legitimate. These figures give cause for some satisfaction, but the fact remains, that one in every twenty one children born in this country is illegitimate, which in figures means 32,503 illegitimate children born in 1953. (Figures quoted from "The Report of the Ministry of Health, 1953"). A proportion of these will be legitimized on marriage, but there must be many children born every year under conditions which may ultimately lead to grave personal and social difficulties.

This Division has its share of illegitimate births, unfortunate victims of human frailty, and admission to hostel or home for confinement and for a period thereafter has been arranged when requested. The County Council provides financial assistance in such cases, and much practical help has been provided by the Bradford Diocesan Moral Welfare Council. Some babies have been adopted, for which there is a demand; but in many cases there exist problems of moral and social rehabilitation which are most difficult to solve, even with the full co-operation of all statutory, voluntary and denominational bodies.

(a) BIRTHS:

The total number of domiciliary confinements was 131 compared with 710 in hospital, giving a percentage of 12. The proportion of hospital confinements varies greatly in this country, ranging from 34% to 91%, with an average of 64%; whilst the Ministry of Health estimate that hospital provision is necessary on medical and social grounds in about half the confinements.

In this Division it has not been necessary to refuse a bed to a single applicant for several years past. Maternity homes are expensive units, and if the Ministry's recommendation was adopted, the reduction in financial expenditure would be great; and many women would willingly have their babies at home who now go into hospital beds which are so freely available.

(b) ANTE-NATAL CLINICS:

Attendances at the existing ante-natal clinics continued at a satisfactory level. At these clinics all patients have blood taken for Rhesus and Kahn testing, and haemoglobin estimation. Weighing, urine testing and blood pressure readings are carried out at every visit. Furthermore, patients are encouraged to discuss health matters and preparations for the confinement with the doctor, health visitor and midwife, and to attend the relaxation exercise classes which are provided at two clinics.

(c) CHILD WELFARE CENTRES:

Details of centres and attendances are given in table form. The mobile centre has continued to operate on two days each fortnight, providing a service for mothers and children living in less accessible places, and the village of Bradley was added to its itinerary during the year.

Assistance at the static centres has again been provided by members of the Voluntary Committees, and we are greatly indebted to these ladies for their continued support.

(d) DENTAL CARE:

The County Council has one dental clinic in this Division, at Barnoldswick. The Senior Dental Officer has been able to offer free treatment to all expectant and nursing mothers referred to him from the Earby and Barnoldswick clinics, whilst in other parts of the Division local dental practitioners have continued to provide a service under the County Council's scheme.

(1) WELFARE FOODS SCHEME.

During the year the Local Health Authority took over the distribution of dried milk, cod liver oil, orange juice and vitamins from the Ministry of Food. This involved a great deal of work at short notice, and distribution centres were established at Skipton, Silsden, Crosshills, Earby, Barnoldswick, Gargrave and Grassington. In addition, cod liver oil and orange juice are distributed through voluntary agencies at Appletreewick, Linton, Addingham, Sutton, Farnhill, West Marton, Lothersdale, Cowling and Kettlewell.

(5) MIDWIFERY SERVICE.

Two whole time midwives have been employed, and eight home nurses also undertake domiciliary midwifery in the more rural areas. These members of the staff are trained to give gas and air analgesia during childbirth, conducting normal deliveries as independent professional practitioners with a doctor available when required. They also give pethidine, and will be trained to give trilene. The fear that the era of the midwife's independence might be coming to an end thus seems unfounded.

STATISTICS:

Number of confinements in the Divisional area attended by midwives:-

	Institutional Total No. of cases.	Domiciliary Cases.			
		Dr. present at time of delivery of child.	Dr. not booked. Dr. not present at time of dly. of dly.	Dr. booked. Dr. present at time of dly. (either booked Dr. or another).	Dr. not present at time of dly. of child.
Midwives employed by the Authority	-	-	6	42	79
Midwives employed by Voluntary Organisations	-	-	-	-	-
Midwives employed by Hospital Management Committees.	523	-	-	-	-
Midwives in Private Practice:					
(a) Nursing Homes	-	-	-	-	-
(b) Others	-	-	-	-	-

6. HOME NURSING.

To-day most cases of acute illness go to hospital, and the work of the home nurses may be divided into three categories - (i) minor ailments and infections; (ii) post-operative and other cases discharged from hospital, and (iii) the chronic sick and the dying.

Much of their work falls into the last category, and along with it many duties which are not strictly nursing, but which have so often to be undertaken because the sick and aged have no relatives to assist them. There is no limit to the demands which may be made upon the nurses, for whilst hospitals may set a limit to the number of patients they will admit, the nursing of cases requiring admission (particularly the long-term sick) inevitably falls on the home nurse, often under difficult and deteriorating conditions. Fortunately this work is fully appreciated, and it has never been necessary to refuse a call upon the five whole-time nurses, and the eight home nurse/midwives who have been employed during the year.

Mobility is obviously of the greatest importance if this service is to be sustained, and the standard of care continued. The majority of nurses have their own cars, perhaps acquired under the assisted purchase scheme. Three nurses run cars owned by the County Council, and only two are without transport.

A summary of the work undertaken by the home nurses is as follows:-

(i)	Number of visits paid by home nurses during the year 35,933.
(ii)	Number of cases attended by home nurses during the year (excluding midwifery and maternity cases) 2,258.

7. HEALTH VISITING.

It is not generally appreciated that health visitors are also qualified midwives and nurses, and the important contribution which can be made to the health of the community by individuals with such training is only now being realised.

Under the provisions of the National Health Service Act, the health visitor is provided for home visiting, for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

Here, they are also employed as school nurses, and tuberculosis health visitors, so that each has an area (usually with a clinic as well) in which she can employ her knowledge and skill amongst the families, and which become very well known to her.

A valuable part of her work is the teaching of health in these homes, but she can give much assistance either on her own initiative or to the family doctor in cases of feeding difficulties in infancy, the supervision of the aged, and the welfare of the tuberculous and the disabled. She can also provide information for hospitals which would otherwise be difficult or impossible to obtain, and so materially assist in the patients treatment.

The health visitors investigations into the fate of certain premature babies, and of the effect of virus diseases in pregnancy have been continued.

STATISTICS:

Number of visits paid by health visitors during the year in addition to their attendance at clinics and welfare centres:-

	<u>First Visits:</u>	<u>Total Visits:</u>
(i) Expectant Mothers	176	482
(ii) Children under 1 yr.	806	6,122
(iii) Children between 1 & 5 yrs.	-	8,450
(iv) In respect of Tuberculosis	-	1,008
(v) Other cases	-	1,815
	<u>982</u>	<u>17,877</u>

8. HOME HELP SERVICE.

If a census could be taken of the benefits which have been derived from the National Health Service Act, there is no doubt that this service would take a high place in the order of appreciation, particularly in an area such as this where there has been no unemployment, and the employment of women in the mills is traditional.

Families are in general much smaller than they used to be, and they move about the country more. Members are, therefore, not available to help their sick or aged relatives, and the demands on the home help service increase year by year.

In such circumstances, the home help is employed to do everything which falls to the lot of the housewife, including cooking, cleaning, washing and the care of children. Alternatively, she may attend the aged to do the heavier work for a few hours each week. Or attend other cases for such time and duties as their circumstances require. During most weeks between 80 and 100 individuals or families have been provided with whole time or part time help, and the clerical and administrative work involved in this provision is considerable.

Cases provided with home helps during the year came within the following classifications:-

		<u>No. of cases.</u>	<u>Hours employed.</u>
(i)	Maternity (incl. expectant mothers) ...	54	4,698
(ii)	Tuberculosis ...	4	762
(iii)	Chronic sick, incl. aged and infirm ...	253	37,531
(iv)	Others ...	9	2,984
Total:		<u>320</u>	<u>45,975</u>

9. MENTAL HEALTH SERVICE.

The functions of the Local Health Authority under existing legislation are as follows:-

(a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

(b) The duty under the Mental Deficiency Acts 1913 - 18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.

(c) The duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness, so far as provision is not otherwise made.

(d) The provision of an ambulance service for the purpose of the mental health service.

Under the terms of paragraph (a) the Duly Authorised Officer has dealt with the following cases during the year:-

(i)	Number of cases certified under Section 16 of the Lunacy Act, 1890	18
(ii)	Number of cases dealt with under Section 20	-
(iii)	Number of cases dealt with under Section 21	-
(iv)	Number of cases in which authorised officers have assisted in obtaining admission under Section 1 of the Mental Treatment Act	1
(v)	Cases dealt with under Section 5 of the Mental Treatment Act	1
(vi)	Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts	4

These figures may not appear to be large, but they refer to a comparatively small population, and the fact remains that a majority of the hospital beds in this country is devoted to the institutional care of the mentally sick, and there is need for more. 5,000 additional beds in mental and deficiency hospitals have been provided since 1948., and capital works authorised will provide another 7,000. This provision should go some way towards reducing the overcrowding, and the long waiting lists.

The majority of mental defectives are now brought to notice through the School Health Service, being found unable to benefit from education in an ordinary school or special school. Occasionally elderly defectives are notified who have been cared for by relatives until old age or ill health prevents their continuing this care.

During the year 1954., 12 new defectives were discovered, 11 of whom were under 16. At the end of the year there were 65 mental defectives resident in the Division, of whom 14 were under 16. 51 had been placed under Statutory Supervision, 11 were under voluntary supervision, and one was on licence from an institution. In addition, 56 defectives whose home addresses are in the Division were receiving institutional care.

The Mental Health Social Worker visits defectives in Divisions 1 and 2 who are looked after by their parents or relatives, and who may be working under supervision in various occupations. She gives advice and assistance, particularly over difficulties which may arise. Reports are also submitted by her to mental hospitals on patients who are on licence or being considered for holiday leave.

The social worker may visit occasionally patients who have returned home after hospital treatment for mental or nervous breakdown, but this after care, which is often so desirable, has developed slowly in these parts, and lack of staff prohibits its expansion.

Mental defectives who can benefit by occupational therapy and training receive this from a Home Teacher who conducts a Group Training Centre in Skipton on three days each week. On the other days the teacher visits the homes of some who cannot travel to the Centre.

There are 12 children on the register of this Centre. Dinners are provided through the School Meals Service, and travel warrants for the defectives and their escorts. This service is greatly appreciated by the parents, for the training is valuable, and they are relieved of the strain of looking after their defective children for a proportion of each week.

10. VACCINATION AND IMMUNISATION.

Under the National Health Service Act the Local Health Authority has a duty to make arrangements for persons in its area to be vaccinated against smallpox and immunised against diphtheria. Vaccination and immunisation are, therefore, offered to the parents of all babies, and if desired are carried out by the family doctor or at any child welfare centre. Immunisation is again offered when the child reaches school age. The elimination of diphtheria is conditional upon the maintenance of an adequate level of immunisation, the objective being the immunisation of not less than 75% of babies before their first birthday. Unfortunately, both national and local figures are far below that target, and if parents continue to leave their children unprotected, there may be a return of diphtheria outbreaks as has occurred recently in the Midlands where among 78 cases there were 6 deaths - all of them children who had not been immunised. Parents might also bear in mind that as recently as 1944., there were 23,199 notified cases of diphtheria with 934 deaths.

Smallpox occurred in Lancashire and Yorkshire in 1953. It caused alarm, and the number of vaccinations increased. But parents soon became apathetic once the epidemic was eradicated, and less than one third of babies are now being brought forward for this procedure.

Whooping cough was made a notifiable disease in 1940. Since then it has been stated that well over one million cases have been notified in England and Wales alone, and over 10,000 children have died from the disease. Of the survivors a proportion will be left with permanent lung damage. It is estimated that 70% of the child population must be immunised before whooping cough can be eliminated as a major infectious disease, and it is now firmly believed that a high degree of immunity, even if it falls short of complete protection, can be provided by three injections given at monthly intervals starting at the fourth or fifth month of life.

STATISTICS:

(a) Number of persons vaccinated (or re-vaccinated) during period:-

Age at date of vaccination	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	Total.
Number vaccinated	283	12	28	152	268	743
Number re-vaccinated	-	-	3	87	253	343

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year.

Age at date of final injection.		
Under 5.	5 to 14.	Total.
642	135	777

(c) Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) during the year ... 773.

(d) Number of children who completed a full course of immunisation against whooping cough during the year:-

Age at 31. 12. 54. i.e. born in year.	Under 1 1954	1 1953	2 1952	3 1951	4 1950	5 1949	Total
Number immunised	63	218	38	11	12	1	343

11. HEALTH EDUCATION.

There is such a mass of propaganda to-day on such a wide variety of subjects that much of it must fail in its objectives. Health propaganda by advertisement, pamphlet and poster must obviously share in this high proportion of failure, and although all are used, much more reliance is placed upon the personal approach, and in group teaching.

The health visitors are in a very good position to deal with this subject when making their visits, and can advise on mothercraft, home management, the prevention of disease and accident, and the upbringing of children. Their advice is particularly important where there are cases of tuberculosis in the home.

At the ante-natal relaxation exercise classes the health visitors share the instruction with the midwives, giving informal talks on mothercraft to the most receptive of audiences. This year it has been possible to enlarge our field of work, and film strips and talks on child care and development have been given at child welfare centres. Film strips and talks have also been given in a number of senior schools. Despite what is being done it is obvious that we are still only dealing with a small part of this enormous problem of healthy living - for that is what we really mean. And until more can be done - much more - there seems little prospect of reducing the nations enormous bill for ill health and preventable disease.

12. CHILDREN NEGLECTED OR ILL-TREATED.

The Divisional Medical Officer is responsible for co-ordinating the activities of public and voluntary bodies engaged in the prevention of neglect or ill-treatment of children in their own homes. To this end conferences are held regularly, and attended by all who have an interest in the welfare, education and housing of these families. A great deal of information is thus made available for those workers and their activities can be co-ordinated to the best advantage in dealing with problem families, and others who may be brought to notice in one way or another.

Rehabilitation of such families is a difficult business, and we have no Family Service Unit to work in their homes. But some results have been achieved, and the conferences are of undoubted value. In this respect the services of the local inspector of the N.S.P.C.C. have been greatly appreciated.

13. CARE AND AFTER CARE.

There is a wide field of responsibility for the Local Health Authority and references must necessarily be brief. Sick room requisites in the form of air rings, rubber sheets, bed pans and bed rests have been provided free of charge, each home nurse holding a small stock. Crutches, wheel chairs, spinal carriages, special beds and other larger items being supplied through the Divisional Office. Recuperative Home Treatment has been arranged for certain adults on their doctor's recommendation, and a few children have been admitted to convalescent homes through the School Health Service. Extra milk has been supplied to 35 cases of tuberculosis during the year, on the advice of the Chest Physician.

The exchange of information between the Almoners and this Division has shown a considerable increase, home nurses and home helps being provided at their request for patients discharged from hospital. Information on social conditions has also been provided, and many reports on the circumstances of applicants for admission to hospitals for the long-term sick.

Much attention has been given to the ageing population in one form or another. Ageing by virtue of the fact that instead of the high fertility of the nineteenth century, there is now a lower level of fertility, and the continuous expansion of population has been replaced by a more stable structure in which the proportion of old people is no longer artificially low. Additionally, the great reduction in mortality, particularly amongst infants and from infections, means that many people are now living into old age which, until recent times they would never have reached. The majority of old people manage surprisingly well, but if they fall ill and require nursing, it is always difficult to obtain a hospital bed on the female side. The provision of a "half way house", the joint responsibility of Regional Hospital Board and Local Health Authority would meet the needs of some such cases of temporary illness. It would also meet the needs of many others - e.g., those no longer requiring hospital treatment, but not fit to manage in their own homes or in an old peoples' home, sometimes referred to as the 'frail ambulants'.

14. AMBULANCE SERVICE.

There has been no alteration in the ambulance arrangements during the year, and judging from comment and absence of complaint, it would seem that a satisfactory service is being provided.

The Barnoldswick depot serves West Craven; Silsden and adjacent parishes are served from Keighley; Addingham and Beamsley from Guiseley; and the rest of the Division from the Skipton depot, with the exception of Upper Wharfedale which is dealt with by the St. John's Ambulance Brigade operating under agency arrangements from Grassington.

STATISTICS:

1954

Mileage covered: 139,868

Patients carried: 18,449

15. THE SCHOOL HEALTH SERVICE.

The responsibilities of the department in respect of schools have continued without interruption. The basis is the examination of each child on at least three occasions during school life along with special examinations of those children who need particular observation or care, and the provision of guidance to the Youth Employment Officer when the time comes for pupils to leave school. In addition, B.C.G. vaccination has been offered since September to all children in the thirteen year old group. The purpose of this is to provide children with an artificial immunity who are shown by skin testing to be susceptible to tuberculosis. The results of this are given in the table below, and further reference will be found in an earlier section of this Report.

The tuberculin testing of school entrants has also been extended. This consists of applying a little specially prepared jelly to the skin, and in the case of a child showing a positive reaction, search is made amongst the family contacts to try and find the source of infection. This is done with the co-operation of the Chest Physician, and is a means of discovering hitherto undetected but infectious cases of tuberculosis in the community.

B.C.G. vaccination, and the tuberculin testing of school entrants have involved the staff of the department in much extra work. But it has been willingly undertaken and accomplished in the belief that these procedures will eventually lead to a reduction in the incidence of tuberculosis.

During the year two teachers were found to be suffering from pulmonary tuberculosis. All contacts were given a tuberculin test, the results of which indicated that there had been no widespread dissemination of the disease.

The free provision of a general practitioner service (under the National Health Service Act) for every child has had little effect so far on the School Health Service, and co-operation between the doctors concerned is in most instances satisfactory. Co-operation with the hospital staffs has also improved. That is as it should be, for all are workers in the same health service; and as there are still 20% of men medically examined on registering for national service found to be unfit for service on medical grounds, then there is obviously a need for the fullest co-operation in this wide field of child health.

TABLE I.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups:-

Entrants	946
7 to 8 year group	13
Last year primary	748
First year secondary	143
Last year secondary	<u>416</u>
Total:	<u><u>2,266</u></u>

(b) OTHER INSPECTIONS.

Number of Special Inspections	1,286
Number of Re-inspections	<u>25</u>
Total:	<u><u>1,311</u></u>

(c) PUPILS FOUND TO REQUIRE TREATMENT.

Group	Defective vision(excl. squint)	For any of other conditions recorded in Table 11A	Total individual pupils
Entrants	22	231	230
7 to 8 yr. group	1	3	4
Last yr. primary	61	169	205
First yr. secondary	13	19	27
Last yr. secondary	25	99	112
Total:	122	521	578

(d) CLASSIFICATION OF THE GENERAL CONDITION OF ALL PUPILS
GIVEN A ROUTINE EXAMINATION.

Age Groups.	No. of pupils inspect- ed.	A. (Good)		B. (Fair)		C. (Poor).	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
Entrants	946	552	58.4	368	38.9	26	2.7
7 to 8 yr. group	13	8	61.5	4	30.8	1	7.7
Last yr. primary	748	492	65.7	231	30.8	25	3.5
First yr. secondary	143	99	69.2	44	30.8	-	-
Last yr. secondary	416	280	67.3	126	30.3	10	2.4
Total:	2,266	1,431	63.1	773	34.1	62	2.8

TABLE 11

(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1954.

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	69	6	11	7
Eyes: (a) Vision	122	114	46	108
(b) Squint	30	9	8	11
(c) Other	20	5	2	3
Ears: (a) Hearing	2	7	3	7
(b) Otitis Media	11	8	3	6
(c) Other	6	8	7	8
Nose or Throat	81	147	50	92
Speech	14	9	8	14
Cervical Glands	5	18	4	20
Heart and Circulation	5	52	3	68
Lungs	62	46	15	48
Developmental:				
(a) Hernia	7	2	1	4
(b) Other	15	60	8	40
Orthopaedic:				
(a) Posture	18	44	9	21
(b) Flat Feet	94	33	29	32
(c) Other	34	23	12	40
Nervous System:				
(a) Epilepsy	-	2	-	6
(b) Other	5	5	-	7
Psychological:				
(a) Development	2	12	1	32
(b) Stability	5	25	3	14
Other	52	15	9	22

(f) B.C.G. VACCINATION OF SCHOOL CHILDREN.

Number offered B.C.G. Vaccination	501
Number accepting B.C.G.	316
Number Mantoux Negative	179
Number given B.C.G. Vaccine	179

(g) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly, and given appropriate treatment and advice. Orthopaedic and Ear, Nose and Throat clinics are held at Skipton Hospital, conducted by specialists of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision, and his clinics are held in Skipton and Barnoldswick. Clinics are held in the same places for speech therapy, Miss Buckley's services being shared with Divisions 1 and 3. Last, but by no means the least important is the Child Guidance Clinic conducted by Dr. MacTaggart for children showing maladjustment and behaviour problems.

(h) HANDICAPPED PUPILS:

There are 71 names on the register of handicapped pupils, these being pupils who, owing to some mental or physical disability, require special educational treatment. The division into the various categories being:-

Blind	3	Partially Deaf	3	Physically	
Partially sighted	2	Maladjusted	1	Handicapped	16
Deaf	5	Delicate	13	Educationally	
				Subnormal	28

Total: 71

Of these 71 pupils, 23 were attending special residential schools as follows:-

Schools for the Blind	1	Schools for Maladjusted	0
Schools for Partially sighted	2	Schools for Delicate	4
Schools for the Deaf	4	Schools for Physically	
Schools for Partially Deaf	1	Handicapped	3
		Schools for Educationally	
		Subnormal	8

Total: 23

5 children were receiving home tuition during the year.

(i) PUPILS UNDER OBSERVATION.

In addition to the pupils classified as handicapped under the Education Act, 1944, 57 children with defects of a less serious or temporary nature were under observation at the end of the year.

(j) EMPLOYMENT OF CHILDREN.

The County Council has Byelaws relating to the employment of children, of compulsory school age, which require the children to be examined by the School Medical Officer within two weeks of the date when employment begins. This being to ascertain that such employment will not be prejudicial to the child's health. During the year 35 children were examined for this purpose.

(k) CLEANLINESS.

The school nurses undertake the examination of childrens' heads for infestation with vermin. During the year 20,255 examinations were made, and 203 pupils found to require treatment. In many cases the infestation is a chance one, and does not recur, but in a few families where there is neglect or lack of care, treatment is undertaken in co-operation with the parents and teachers.

(l) DENTAL SERVICE.

The following statistics have been provided by Mr. O.A. Long, Senior Dental Officer. Treatment has been on a reduced scale, because of the absence of Mr. Ellwood on a year's study leave in the U.S.A.

Number of children inspected	2,517
" " " found to require treatment	2,005
" " " offered treatment	1,683
" " " treated	1,458
" " attendances	3,322
" " extractions:	
(a) temporary	1,666
(b) permanent	288
" " general anaesthetics	9

Number of fillings:

(a) temporary	648
(b) permanent	2,167

Number of other treatments:

(a) temporary	207
(b) permanent	1,192

16. MEDICAL EXAMINATIONS.

Particulars of medical examinations carried out by the Divisional Medical Staff are as follows:-

Entry to County Superannuation Scheme	35
Teachers and entrants to Training College	36
Fitness for work 6

In addition certain examinations were carried out under the Children Act, 1948., and the Mental Deficiency Acts.

